

WEST VIRGINIA WIC PROGRAM SITE DESCRIPTION CHART

(Due before July 1 each fiscal year)

Complete a separate form for each site in the local agency	
Date:	Site Name:
Program:	Site Address:
Site Supervisor(s):	Local Agency Director:
Emergency Numbers Primary: Secondary:	Host Agency:
Current caseload at this site:	Date (month and year) of caseload:
Length of time at current site:	Name of Landlord:
Type of Facility:	Landlord's Phone Number:
Cost of WIC Budget:	Other costs associated with this site?
General Description of Site:	<ol style="list-style-type: none"> 1. Is there privacy to determine eligibility? 2. Is there privacy for counseling? 3. Do staff collect heights and weights? 4. Do staff collect blood work data? 5. If answered "no" to any of the above questions, how will participants obtain this information free of charge?
Is the site accessible to physically challenged persons?	Are EBT cards, computers, and participant records stored at the site? If yes, is there an alarm system? If yes, does the office door lock?
Is there air conditioning?	Does the site meet state/local health codes?
Is the heating system adequate?	Is the site safe for small children?
Is the service area smoke-free?	Are maintenance services adequate?
Are staff restrooms separate from public restrooms?	Does the proposed site overlap with another program's service area? If yes, specify:
Describe parking situation for the site:	Describe how this site benefits your program participants:
Where is the nearest public transportation?	

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Proposed Days and Times of Operation

	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
Hours site will be open for service	<u>AM</u>	<u>PM</u>										
Time computer will be put into communication mode												

List the proposed staff (by position title) assigned to this site and their proposed work hours:

	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
Staff Title	<u>AM</u>	<u>PM</u>										